



IFMP System Access Request

There are two parts to this form: (1) "User Information" and (2) "System Information." Complete "User Information" through the signature block. In "System Information," check the systems you want to access. Submit to Center Security Administrator for IFMP.

TYPE OF REQUEST

☐ ADD☐ DELETE☐ CHANGE

PART 1 - USER INFORMATION

1. NAME

2. UNIQUE IDENTIFIER (X500 ID)

3. ORGANIZATION/DEPARTMENT/DIVISION

4. MAC/PC

5. E-MAIL ADDRESS

6. TELEPHONE NUMBER (Include area code)

7. MAILING ADDRESS/MAIL STOP

EMPLOYMENT INFORMATION

8. EMPLOYER

9. NASA CENTER

10. ACCESS DURATION (If temporary)

11. U.S. CITIZEN

12. IT SECURITY TRAINING COMPLETED

START DATE

END DATE

☐ YES

☐ YES COURSE NUMBER: _____

☐ NO

☐ NO DATE: _____

Unauthorized use of the computer accounts and computer resources to which I am granted access is a violation of Section 799, Title 18, U.S. Code; constitutes theft; and is punishable by law. I understand that I am the only individual to access these accounts and will not knowingly permit access by others without written approval. I understand that my misuse of assigned accounts, and my accessing others' accounts without authorization is not allowed. I understand that this/these system(s) and resources are subject to monitoring and recording. I further understand that failure to abide by these provisions may constitute grounds for termination of access privileges, administrative action, and/or civil or criminal prosecution. I will not share my USERID or divulge my password to anyone. I understand I must log-on to the system regularly to retain system access, and I will notify the IFMP Security Administrator when I no longer need access. I will change my password in accordance with system guidelines. I will abide by NPG 2810 guidelines when selecting a password.

Signing below acknowledges your agreement to the above statement and verifies that the user information provided above is correct.

13. USER SIGNATURE

14. DATE

15. SUPERVISOR'S NAME (Type or print)

16. SUPERVISOR'S SIGNATURE

17. DATE

IFMP System Access Request (Continued)	NAME _____
PART 2 - SYSTEM INFORMATION	
A. CORE FINANCIAL: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
1. USER ROLES _____	
2. NASA APPROVAL #1 _____	3. DATE _____
4. TELEPHONE NUMBER (Include area code) _____	
5. NASA APPROVAL #2 _____	6. DATE _____
7. TELEPHONE NUMBER (Include area code) _____	
8. NASA APPROVAL #3 _____	9. DATE _____
10. TELEPHONE NUMBER (Include area code) _____	
B. BUSINESS WAREHOUSE: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
1. USER ROLES _____	
2. NASA APPROVAL _____	3. DATE _____
4. TELEPHONE NUMBER (Include area code) _____	
C. BUDGET FORMULATION: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
1. USER ROLES _____	
2. NASA APPROVAL _____	3. DATE _____
4. TELEPHONE NUMBER (Include area code) _____	
D. BANKCARD: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> USER ROLES: _____ <input type="checkbox"/> BANKCARD WITH CITRIX	
1. NASA APPROVAL _____	2. DATE _____
3. TELEPHONE NUMBER (Include area code) _____	
E. TRAVEL MANAGER: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> CITRIX GROUP <input type="checkbox"/> OTHER: _____	
1. USER ROLES _____	
2. NASA APPROVAL _____	3. DATE _____
4. TELEPHONE NUMBER (Include area code) _____	
F. STaRS: <input type="checkbox"/> PRODUCTION <input type="checkbox"/> TEST <input type="checkbox"/> CITRIX GROUP <input type="checkbox"/> OTHER: _____ PERMISSION LEVEL: _____	
1. USER ROLES _____	
2. NASA APPROVAL _____	3. DATE _____
4. TELEPHONE NUMBER (Include area code) _____	
G. POSITION DESCRIPTION MANAGEMENT: <input type="checkbox"/> PRODUCTION: _____ <input type="checkbox"/> OTHER: _____	
1. NASA APPROVAL _____	2. DATE _____
3. TELEPHONE NUMBER (Include area code) _____	

IFMP System Access Request (<i>Continued</i>)		NAME	
PART 2 - SYSTEM INFORMATION (<i>Continued</i>)			
H. INTEGRATED ASSET MGMT:		<input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
1. USER ROLES			
2. NASA APPROVAL #1		3. DATE	4. TELEPHONE NUMBER (<i>Include area code</i>)
5. NASA APPROVAL #2		6. DATE	7. TELEPHONE NUMBER (<i>Include area code</i>)
I. IFM PORTAL:		<input type="checkbox"/> PRODUCTION <input type="checkbox"/> OTHER: _____	
1. IFM SYSTEMS ASSESSED			
2. NASA APPROVAL		3. DATE	4. TELEPHONE NUMBER (<i>Include area code</i>)
J. ERASMUS:		<input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> LEVEL A <input type="checkbox"/> LEVEL B <input type="checkbox"/> LEVEL B+			
1. NASA APPROVAL		2. DATE	3. TELEPHONE NUMBER (<i>Include area code</i>)
K. CONTRACT MANAGEMENT:		<input type="checkbox"/> PRODUCTION <input type="checkbox"/> TRAINING REQUIREMENT MET <input type="checkbox"/> OTHER: _____	
1. USER ROLES			
2. NASA APPROVAL #1		3. DATE	4. TELEPHONE NUMBER (<i>Include area code</i>)
5. NASA APPROVAL #2		6. DATE	7. TELEPHONE NUMBER (<i>Include area code</i>)
JUSTIFICATION FOR ACCESS			

INSTRUCTIONS FOR COMPLETING AND SUBMITTING NASA FORM (NF) 1700 IFMP System Access Request

To complete and submit your NF 1700, IFMP System Access Request, please follow the steps below. If you have any questions or require assistance in completing the form, please call the Business & Administrative Systems Office (BASO) Support line at 202-358-IFMP(4367).

FORM NF 1700 PART 1 – User and Employment Information

- **Type of Request** – Check ADD, DELETE, or CHANGE

ADD: Use to add new users to a system. (i.e. new traveler, preparer or reviewer/approver)
Check ADD, and then select the system(s) to be added on page 2 of the form.

DELETE: Use to delete a user from a system. For example, if you filled out a form for Travel Manager, and no longer need access to it, a DELETE will be required. Check DELETE, and then select the system to delete access on page 2 of the form to remove access privileges.

CHANGE: Use to change a user's role in a system they currently have access to. For example, if you filled out a form for Travel Manager with a Preparer role, but now need an Approver role, a CHANGE is required. Check CHANGE; fill in applicable information and select the system change to be applied to on page 2 of the form.

- **Block 1** – Supply your First and Last Name
- **Block 2** – Provide your x500 unique identifier from the NASA x500.
This can be located at <http://x500root.nasa.gov/>. Enter your First and Last Name then click search. In the results, click on your name. Your Unique Identifier will be displayed with "HQ" as the prefix. (i.e. HQ000000)
- **Block 3** - Provide your Business Category: Office ID: (i.e. Code LB031)
- **Block 4** - Type of system (workstation) being used, either MAC or PC
- **Block 5** - Please use your "One NASA" email account if you are a Civil Servant.
- **Block 6** - Provide your complete phone number including area code
- **Block 7** - Provide your work mailing address
- **Block 8** - Provide your employer/company name (i.e. NASA, SAIC, etc.)
- **Block 9** - Enter HQ - 10
- **Block 10** - Leave this blank unless access is temporary
- **Block 11** - Check "Yes" or "No" to indicate if you are a U.S. Citizen
- **Block 12** - Check "Yes" to indicate if you have taken the IT Security Training (Omit Course Number and Date) The IT Security Training course is located at:
<https://solar.msfc.nasa.gov/solar/delivery/public/html/newindex.htm>
- Sign and date the form (**Blocks 13 and 14**, respectively)
- Print your immediate supervisor's / manager's name in Block 15, and obtain his or her signature and date (**Blocks 16 and 17**, respectively)

IFMP System Access Request (Continued)

FORM NF 1700 PART 2 – System Information

Section E: Travel Manager

Check the box marked “PRODUCTION”

- **Block 1** – List the desired User Roles (Type all descriptions below that apply)
 - *Traveler role* – must sign travel vouchers; may create travel authorizations
 - *Preparer role* – creates travel authorizations and vouchers for travelers
 - *Reviewer (Account) role* – reviews travel document to ensure financial accounting requirements are met
 - *Reviewer role*– reviews for conditional additions to authorizations and vouchers
 - *Management Approver* – manager who approves travel authorizations and vouchers

- **Block 2-4** – NASA Approval, Date, and Telephone Number

The NASA Approval signature is to be completed by the Center’s Business Process Lead (BPL) or their alternate for access to the Travel Manager system. The HQ Business & Administrative Systems Office (BASO) will have this section completed once the form has been received.

FORM NF 1700 PART 3 - Justification for Access

Provide the following information:

- HQ Office ID
- HQ Travel Approver

SUBMITTING YOUR NF 1700

Step 1 – Complete the NF1700 Form and obtain the respective signatures

Step 2 – Deliver your NF1700 Form to the **User Resource Center (URC)** on the Concourse level, Room CX42

Step 3 – Insert your form into the date/time stamp machine on the counter to mark delivery

Step 4 – Place the form in the NF 1700 Drop Box marked ‘Travel Manager’

Step 5 –The BASO will contact you for additional information necessary for account processing and/or your HQ Travel Manager User ID and Temporary Password

For further assistance, contact the Business & Administrative Systems Office (BASO) at 202-358-IFMP (4367)